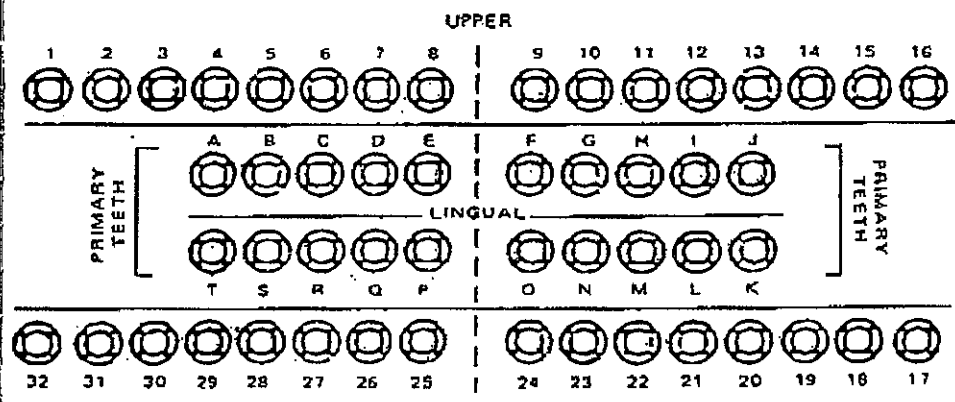




DENTAL HEALTH RECORD

Inmate # 315294  
Date of Birth 9/2/62  
AGE \_\_\_\_\_ SEX \_\_\_\_\_

Braitwaite, Kevin C.



DIAGNOSTIC CODE

- SOLID AREA INDICATES FILLING PRESENT
- ZEBRA STRIPES INDICATE DECAY PRESENT
- VERTICAL LINE INDICATES TO BE EXTRACTED
- "X" INDICATES MISSING TOOTH

SERVICES PROVIDED (PLEASE RECORD EACH TREATMENT ON A SEPARATE LINE)

DATE	TOOTH #	SURFACE	MATERIAL	ANESTH	DESCRIPTION OF WORK	INIT.
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INSTITUTIONAL DENTAL CARE, INC.

202-832-4156  
1-800-543-3052  
Fax: 202-269-1672  
3100 20th St., NE  
Washington, DC 20018

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIAL ORAL EXAMINATION  
The initial oral examination of this patient reveals the following medical need for dental treatment (none, moderate, high), psychological/emotional indication for dental treatment (low, moderate, high), dental indication for treatment (low, moderate, high). After a thorough evaluation, an acute need for dental intervention (is, is not) indicated. Treatment will be initiated within the below referenced time frame.  
Signature \_\_\_\_\_  
Next Visit \_\_\_\_\_ months Dentist (PRINT NAME) \_\_\_\_\_  
Dental Class: (circle one) 11, 12, 21, 22, 31, 32, 41, 42

4/16/00 DCC 1215 signed refusal for R.O.E. J. Braitwaite D.A.  
2/14/00 Opain to cold & sweets # 9, 10 - comp removed & ILM w/ dental placed. When sensitivity V replace comp  
1-20-00 #9 - apical abscess - 14 Renuk 500x30. occlusion Adjusted  
\*SURFACES - M: MESIAL, D: DISTAL, O: OCCLUSAL, L: LINGUAL, I: INCISAL, B: BUCCAL OR LABIAL  
Dentist's Initials Signature NV: mal #9 if ASYM - Comp if sym - ext  
\$16.00 Comp #9, #10. ILM repairs sym much improved  
occ adjusted (complete) Ralman

EXH A